

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

38716

State File No. 1003

Registrar's No. 10450

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis Missouri**
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **3929 Oleatha Av**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**
 d. STREET ADDRESS (If rural, give location) **3929 Oleatha Av**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Mary** b. (Middle) _____ c. (Last) **Bina**
 4. DATE OF DEATH (Month) (Day) (Year) **Nov 22 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
 8. DATE OF BIRTH **March 28 1861** 9. AGE (In years last birthday) **90**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) **Czechoslovakia**
 12. CITIZEN OF WHAT COUNTRY? **U S**

13a. FATHER'S NAME **? Pechar** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Joseph (Deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**
 16. SOCIAL SECURITY NO. _____
 17. INFORMANT'S SIGNATURE OR NAME **Mamie Bentman** ADDRESS **3929 Oleatha Av**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **arteriosclerosis + hypertension**
 DUE TO (c) **Infirmitie of age**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 day

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **331X**

22. I hereby certify that I attended the deceased from **Jan 10, 1949**, to **Nov 22, 1951**, that I last saw the deceased alive on **Nov 22, 1951**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Edward H. Hamel M.D.** (Degree or title) 23b. ADDRESS **1504 So Grand** 23c. DATE SIGNED **11/24/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial U** 24b. DATE **11/26/51** 24c. NAME OF CEMETERY OR CREMATORY **S.S. Peter & Paul** 24d. LOCATION (City, town, or county) (State) **St Louis Missouri**

DATE REC'D BY LOCAL REG. **NOV 24 1951** REGISTRAR'S SIGNATURE **Paul Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Moydell** ADDRESS **Funeral Home 1926 Allen Av**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Signed.....
Student Embalmer

Signed Bob O. Shannon
Student Embalmer No.....

Licensed Embalmer No. 4533

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.